UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1992/P/L.35
26 February 1992
ENGLISH
ORIGINAL: ENGLISH/FRENCH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1992 session

FOR ACTION

RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES IN THE EASTERN AND SOUTHERN AFRICA REGION*

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programmes in the Eastern and Southern Africa region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $10,465,000, to achieve the objectives of the country programmes as originally approved by the Board.

Country/programme	Amount (United States dollars)	Current programme cycle
Burundi	812 000	1988-1992
Comoros	1 681 000	1990-1994
Kenya	4 551 000	1989-1993
Mauritius	1 500 000	1990-1994
Rwanda	1 921 000	1988-1992

Annual funding requirements of the five countries are provided in the table.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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INTRODUCTION

1. The Executive Director has authorized increases in the annual planning levels of a number of countries in the Eastern and Southern Africa region in 1991, taking into account the availability of general resources in 1991 and the income projections in the medium-term plan. This increase raises the annual planning levels for general resources from $750,000 to $1,000,000 for countries with a child population of more than 1 million and/or a full-fledged UNICEF country office, and raises the minimum general resources planning level for other countries to $750,000.

2. As a result, the balances of approved general resources are not sufficient to fund the five country programmes in the Eastern and Southern Africa region up to the end of the approved country programme period. Therefore, the Executive Director recommends that the Executive Board approve additional amounts from general resources covering the programme period as originally approved by the Board.

I. BURUNDI

3. The country programme for Burundi for the period 1988-1992 was approved by the Executive Board in 1988 in the amount of $5 million from general resources (E/ICEF/1988/P/L.2). The annual planning level for Burundi was increased to $1.3 million in 1990 and again to $1.43 million in 1991 in order to accelerate activities within the framework of the country programme. An additional $812,000 is being requested to replenish the approved amounts of general resources.

4. Since the elaboration of the present country programme, which was based on the 1988 situation analysis, there have been new developments in Burundi because of adjustments in social policy that have resulted in compensatory social programmes to alleviate the impact of economic adjustment measures on the poorest. The commitment of the Government to the most vulnerable groups has been expressed in a number of ways, including decentralization policies to strengthen local government and a renewed emphasis on community participation.

5. Despite government efforts, the economic situation has continued to deteriorate, with negative consequences for national capacity, social sector budgets and the overall quality of life of the population, especially children and women. In line with government priorities, the current country programme will continue to reinforce programme implementation in the areas of primary health care (PHC) (moving beyond universal child immunization (UCI) which was achieved in 1990), water supply and sanitation and basic education, with a continuing focus on women in the poorest areas.

6. Important issues relating to programme content were addressed in the mid-term review and the programme strategy was redefined. The evaluations prepared for the review indicated the shortcomings of the present programme,

pointed to remedial measures for the remainder of the programme cycle and also aided in the preparation of the next programme. In particular, the review assisted in identifying the disparate nature of certain activities and the lack of institutional supportive structures and processes in those interventions. It provided a much needed emphasis on the use of monitoring indicators and the establishment of baseline data.

Primary health care

7. The PHC programme is a priority for the Ministry of Health, with all levels of the administrative system involved in its development. Significant progress has been achieved in all aspects of PHC, including immunization, the control of diarrhoeal diseases (CDD), goitre control and safe motherhood. In 1990, the Government adopted the Bamako Initiative as the main strategy to ensure sustainability of its maternal and child health (MCH) programmes and to improve the quality and coverage of integrated health services. Community management committees are being set up as the first step in effective community participation, while operational policy decisions are being implemented at intermediate and central levels to ensure the efficient management and monitoring of health services. UNICEF will continue to support the Government in its efforts to strengthen PHC through the implementation of the Bamako Initiative at the national level and through the development of national policies and programmes in the areas of nutrition, malaria and acute respiratory infections (ARI), which are among the major causes of child deaths in the country.

8. Programme components such as immunization, CDD, treatment of ARI and health education are integral parts of the services to be offered to the community, mainly through health centres and PHC committees. The programme will support community participation and the development of self-management systems. It will also assist the community in financing the PHC programme, in line with the Bamako Initiative, through revolving funds for the routine replenishment of essential drugs. The strategy is to initiate activities in selected districts with the greatest potential for the development of PHC and to expand activities progressively to all districts.

9. Burundi is one of the African countries most affected by the acquired immune deficiency syndrome (AIDS) pandemic. The Government has set up a national medium-term control programme, supported among others by UNICEF, with the following aims: integrating the control of sexually transmitted diseases and AIDS into PHC; epidemiological surveillance with sentinel sites; information, education and communication (IEC) activities, targeting youth both in and out of schools; and national multi-media campaigns.

Water supply and sanitation

10. UNICEF cooperation has focused on the development of appropriate technologies for increased access to water supply and for excreta disposal. UNICEF support has contributed to the capping of over 3,312 springs and has provided adductions for 150 health centres and over 4,000 family latrines, 50 per cent of the planned figures.

11. The Government is working towards the global objective of safe drinking water for all by the year 2000, and has adopted a strategy focusing on community spring management - there are 20,000 clean-water springs in Burundi - with additional investments for adductions serving priority health centres and schools.

12. Training and community participation, as well as hygiene education, are central to the success of the project, and UNICEF support is expected to concentrate on those aspects, together with developing clearer and stronger linkages with the PHC programme in the area of CDD and with the primary education programme for school hygiene education and sanitation.

Education

13. The adult literacy rate for women in Burundi is 40 per cent, compared with 61 per cent for men. Although primary school enrolment for girls is improving, it is still low at 37 per cent. Ninety per cent of children leaving primary school return to an essentially illiterate environment where they risk losing the knowledge they acquired during their school years. This was a major concern during the mid-term review.

14. The Government has adopted the Declaration of the World Conference on Education for All and is developing a national plan for basic education to complement policy decisions introduced during major reforms in 1973, which adapted the curriculum to the national context and designed measures to expand enrolment rates.

15. UNICEF support to the national education programme is coordinated with inputs from other donors, particularly the World Bank and the United Nations Development Programme (UNDP). UNICEF is concentrating on improving the quality of primary education through in-service training of primary schoolteachers and support for monitoring of teaching activities. It is also supporting government efforts to develop a comprehensive basic education project aimed at achieving universal education through equity, decentralization, reinforcement of regional planning capacities and further improvement of the quality and appropriateness of the curriculum, including health education. Efforts are under way to expand further national coverage of a functional literacy programme, focusing on women and including post-literacy activities.

Women in development

16. In Burundi, to a much greater extent than in other countries, women provide food for the family and care for children in addition to traditional household duties. Their illiteracy rate is higher than that of men and their nutritional and health status is below the male average. A Ministry for Women's Affairs was created in 1988 and was restructured in 1991 to include social protection and to improve and expand its coordinating role. However, the Government called for UNICEF support to help clarify sectoral policies and define better strategies to improve the status of Burundi women.

17. Improved social and living conditions for women, as well as their proper integration into the development process, have been the focus of actions undertaken by the Ministry, which plans to reinforce its capacity to support programmes for women by training rural animators and by improving the management and organization of women's groups.

Integrated area-based urban project

18. Although Burundi is primarily a rural society, malnutrition and mortality rates are higher than national averages in all urban areas. The consequences of AIDS are felt more strongly and the number of street children has been growing over the past three years. UNICEF was requested by the Government to assist in developing an integrated programme for urban women and children, which started in 1990 with two components: the urban women's credit production project and the street children project, both of which include IEC activities concerning AIDS. UNICEF support to the urban area will continue and will further reinforce intersectoral linkages with the national programmes.

Information, communication and external relations

19. To date this component has only been fully developed in the context of the health programme. Since 1991, efforts have been made to develop further structured actions with the Ministry of Information and Communication. UNICEF will continue to strengthen its support for permanent advocacy for child survival, protection and development based on the Convention of the Rights of the Child and the national programme of action. In addition, communication and mobilization components will be incorporated in all UNICEF-supported programmes.

II. COMOROS

20. The present cooperation programme between the Government of the Comoros and UNICEF covers the period from January 1990 to December 1994. It was approved by the Executive Board in 1990 in the amount of $1,500,000 with an annual general resources ceiling of $300,000 (E/ICEF/1990/P/L.3). The annual general resources ceiling will increase to $750,000 after January 1992. To offset this increase, additional funds to replenish general resources will be required in an amount of $1,681,000 for the rest of the programme period (January 1992-December 1994).

21. Since the elaboration of the present country programme, which was based on the 1989 situation analysis, political and socio-economic conditions in the Comoros have deteriorated, making the situation of mothers and children even more precarious. On the political level, the Comoros is seeking a course of stability through democracy following the dramatic events of November 1989, which put an end to 15 years of the former President's regime. Despite the free elections held in 1990, however, the country offers a picture of deep-seated political instability, having had three governments in one year. There are frequent strikes in the public administration which regularly affect

a number of sectors, particularly health and education. Although it did not finally establish calm and confidence, the latest ministerial reshuffle, which took place in the middle of the year, is an indication of the efforts that have been made by the leaders to satisfy the desire for change in a country whicn wishes to acquire the necessary resources for the management of a modern State. The Government that has now been appointed, which is characterized by a massize influx of young technocrats into public affairs, the appointment - for the very first time - of a woman, and overtures to the opposition, is clearly the reflection of a desire for the injection of new blood into the policy-making class for the sake of greater efficiency, democracy and national unity.

22. On the economic level, some positive results were noted in 1990-1991, including an increase in the gross domestic product (GDP) - from 9 per cent in 1989 to 15 per cent - and a reduction in the budget deficit from 5 per cent of GDP in 1989 to 1.9 per cent. Nevertheless, the country is still in a financial impasse because of the persistent lack of liquidity in public finances, the absence of investment and the accumulation of external and internal debts. The social consequences of this financial impasse are tragic. This year it was not possible for schools to open on time because of the lack of funds for the purchase of basic teaching supplies (chalk, rulers, compasses, registers, etc.). The delay in the payment of salaries in the civil service, which has become chronic and sometimes lasts for up to six months, causes many staggered strikes with disastrous consequences in key social sectors such as education and health. A three-year structural adjustment programme (SAP) was adopted by the Government in June 1991. Its goal is to stabilize public finances while restructuring the national economy so as to put it back on a growth course. Many donors have expressed interest in financing the SAP. However, because of the discipline that will be required for its application, observers have expressed doubts about the Government's institutional capacity to implement the programme strictly. In addition to the implementation of macroeconomic and sectoral policies, the SAP provides for a special assistance programme known as the "Special programme to alleviate the social costs of adjustment". UNICEF has been invited, along with other donors, to participate in the design and formulation of this programme.

23. The implementation of the country programme has been slowed down by the conditions of political and social instability which have prevailed in the country since the programme was initiated. This has masked the country's real capacity for absorption in relation to existing needs. Moreover, now that the Government has regained control of public affairs, it is clear that the potential exists to strengthen the various components that have already been introduced and to make a start on those that have been planned but not yet initiated because of budgetary constraints. The increase in the annual general resources ceiling will make it possible to accelerate the implementation of the regular programme over the next three years, and will compensate for the absence of additional funds. This increase will also facilitate the readjustment of strategies to take into account the objectives of the 1990s endorsed by the World Summit for Children.

Primary health care

24. In the health sector, the Comoros has achieved UCI. One of the main problems, however, continues to be the lack of motivation among health personnel, the non-integration with other MCH activities and the heavy dependence of the programme on external financing. Following the national symposium on health organized by the Government at the beginning of the year with the assistance of the World Health Organization (WHO), UNDP and UNICEF, the Comoros now has a "National plan for health development - Prospects to the year 2000". The global strategy is based on the integration of the various components of MCH, including CDD, ARI and malaria, which will be facilitated by the existence of expanded programme on immunization (EPI) structures. This integration is also based on community participation and financing and the effective decentralization of the management process in line with the approach of the recently introduced Bamako Initiative. UNICEF assistance to this programme will continue, in particular to permit the training of all health personnel, at all levels, in integration, and to promote the implementation of other activities to strengthen the health structures (including the provision of basic supplies, the organization of community management and the formulation of an essential drugs policy).

Nutrition

25. In respect of nutrition, the nutritional survey carried out by the Ministry of Health, the Ministry of Production and the Ministry of Planning (Central Statistical Office) is currently being studied. This activity is receiving support from several agencies, including UNICEF. Other studies on nutritional deficiencies will be launched shortly. The results of these studies will be used as a basis for national consultations with a view to identifying the elements needed for the definition of a national policy and strategy and a national plan of action for nutrition. This plan of action will make it possible to define future UNICEF assistance, which will give priority to growth monitoring, nutritional education and household food security.

Advancement of women

26. This programme, which aims to promote the economic role of women and food security within the family, is now making significant progress. This is a result of the recent strengthening of intersectoral cooperation between the Ministry of Production and the Ministry of Education in jointly training four groups of about 150 women in the islands of Grande Comore and Moheli. This technical training covers agricultural production and other training activities (production, storage, conservation, marketing and management), as well as functional literacy for women. UNICEF assistance will be continued and the activities are to be extended to cover most of the women who attend literacy centres in the three main islands of the archipelago. This assistance will be coordinated with the assistance provided under the nutrition programme.

Education

27. Primary education is undergoing a serious crisis; there are immediate needs that must be met in order to avoid a collapse of the system. All assistance within the framework of the objectives of "Education for All" must therefore take into account this vital need for the immediate survival of the system. UNICEF assistance will accordingly continue through the provision of basic teaching supplies and essential teaching aids and support for the retraining of teachers. In this context, 39 schools (about 16 per cent of the country's schools), with nearly 100,000 children and 250 teachers, will be affected. At the same time, UNICEF, in cooperation with other donors, including UNDP and the United Nations Educational, Scientific and Cultural Organization, will assist the Ministry of Education in formulating its national policy and its plan of action for basic education for all, taking into account the conclusions of the Jomtien Conference and in accordance with the recommendations of the round tables that have been held in the country for this sector.

28. As regards literacy, four women's literacy centres are already in operation in Grande Comore. Others are planned in Anjouan and Moheli, at the rate of six a year, distributed among the three islands that make up the archipelago. The centres are built by the beneficiaries themselves. Assistance in this area will continue through the provision of materials for the construction of centres, equipment and support for teacher training.

Water supply and sanitation

29. The water sector is one of the major priorities in the Comoros, particularly in Grand Comore, where the drought which has afflicted part of the island has forced the rural inhabitants to purchase containers and hire trucks to transport drinking water from the capital. This has made the rural population aware of the need to organize themselves to construct wells or develop water points and to participate in their financing and management. UNICEF will continue to assist in the rehabilitation of water supply points in the N'tsasouami region and this activity will be extended to the Anjouan and Moheli islands. A total of about seven water supply points serving about 150,000 inhabitants will be rehabilitated. Moreover, the 39 schools which receive assistance under the education programme and 15 PHC centres will receive equipment for the construction of water storage tanks. More attention will be paid to the sanitation component of this programme and emphasis will be placed on educating the population on aspects of drinking water management and environmental protection.

Monitoring and evaluation

30. In cooperation with a non-governmental organization (NGO), the "Comorian Association for Human Rights", the Ministry of Population and the Status of Women is responsible for updating the analysis of the situation of mothers and children and formulating a "national plan of action". In order to take local conditions into account, data collection will initially take place within the

different provinces. The data will then be consolidated at the national level and will constitute the basis for programming in the light of the objectives laid down for children for the decade. Moreover, the system of annual review will be institutionalized as soon as the situation stabilizes. The annual review will precede the formulation of the plan of action for the following year. It will make it possible to assess the effectiveness of the strategies and the impact of the activities carried out, and will identify the main problems, as well as any corrective measures and, where required, any adjustments that need to be made.

III. KENYA

31. The country programme for Kenya for the period 1989-1993 was approved by the Executive Board in 1989 in the amount of $15 million from general resources (E/ICEF/1989/P/L.2). An amount of $4,551,000 is being requested in addition to the approved amount of general resources for accelerating implementation of the country programme during 1992 and 1993.

32. The present country programme focuses on three levels of intervention. At the macro-policy level, it emphasizes advocacy on behalf of vulnerable groups of children and women among government policy makers, implementors of development strategies and other development partners. At the national sectoral level, the programme focuses on assisting the Government to reach and sustain the goals for children in the 1990s. At the district level, within the framework of the country's district focus in its rural development strategy, the programme focuses on improving the socio-economic well-being of the most disadvantaged women and children in six rural districts and three urban areas.

33. The mid-term review held in June 1991 provided a good opportunity to synthesize lessons learned and sharpen the programme focus. In 1992 and 1993, the area-based programme will thus concentrate in two rural districts and selected slum areas with a focus on developing integrated, community-based interventions that will be expanded later to the other target districts. The modified strategies include ways of improving and sustaining achievements in EPI, further development of the Bamako Initiative, integration of AIDS-prevention activities and consolidation of the water and sanitation programme by working closely with communities through NGOs. Although positive interventions at both district and macro-policy levels became possible through the progressive strengthening of professional capacity in the Kenya country office, rationalization of programme support is required to integrate activities and ensure cost-effectiveness.

34. The country goals for children in the 1990s focus mainly on reducing child deaths and malnutrition by sustaining EPI and on a broad range of PHC projects; supporting behavioural change and awareness to address AIDS; improving access to safe water supply and sanitation; reducing the gender gap in all aspects of development; advancing Education for All; and supporting implementation of the national programme of action to meet the goals for the

1990s. The main implementation strategy will be community participation through a more focused approach to area-based programming. Social mobilization, advocacy and development communications interventions will support activities in all sectors nationwide. In the remaining two years, the country programme will address the crucial issues facing children and women in the areas described below.

Health and nutrition

35. Sustainable PHC will be strengthened through greater community participation with the following specific objectives: (a) expanding EPI to low-coverage districts to achieve UCI by 1992 and to strengthen the immunization monitoring and reporting system; (b) strengthening community-based health care, district-level health information systems and their linkage with vital statistics; (c) supporting the procurement of oral rehydration salts (ORS) for all health institutions, including production and distribution by the commercial sector; (d) supporting the "baby-friendly" hospitals initiative by facilitating government enactment and enforcement of the draft national code on infant and young child feeding and by providing communication support to ensure that all hospitals and maternity units have "baby-friendly" practices supporting breast-feeding; (e) carrying out a national survey of iodine deficiency disorders (IDD) to facilitate modification of existing policy and legislation on the control of IDD; and (f) continuing support for the community-based growth monitoring programme, focusing on integrating it with other community-based health activities under the Bamako Initiative.

AIDS

36. The project will be expanded to support AIDS education for children of school age in formal and informal schools and to promote activities to ensure dissemination of correct AIDS information and changes in sexual behaviour. The Ugandan strategy of promoting person-to-person communication will be adopted to obtain such changes. Networking with major agencies to rationalize activities will include a joint approach to monitoring implementation.

Community-based water supply and sanitation

37. The provision of safe drinking water supply through the Government, NGOs and community networking has been an effective entry point to community-managed projects. As a result of this approach, an estimated 250,000 people in the target districts will have easy access to safe drinking water during 1992 and 1993, and over 125,000 will have adequate environmental sanitation as compared to 150,000 people who benefited from the programme in the past two years. The greater involvement of women in water supply and sanitation has also facilitated health education and hygiene within the PHC programme; about 270,000 people will benefit directly or indirectly from these activities in the next two years.

Women in development

38. In appreciation of the role that women play in the society at large, support for programmes that enhance their status will continue at the national and community levels, including efforts to influence policy and the integration of women's concerns in the development process. In view of the need to shift from women-specific activities to "mainstreaming" strategies, emphasis will be put on approaches that promote gender concerns within all sectors. At the community level, projects will be advanced to meet various needs of women and girls, including credit and savings activities, vocational training, projects for adolescent mothers, workload reduction and female education. Support will also be given to the collection and general dissemination of gender-disaggregated data.

Basic education

39. To advance the objectives of Education for All, programme communications and linkages between formal and non-formal education will be strengthened in all education projects. AIDS education will be strongly supported. The early childhood education project will focus on increasing participation and improving the quality and relevance of the curriculum. The development of community-based projects for the care and development of children under three years of age will also be pursued in the target districts. Major goals at the primary-school level will be to reduce girls' drop-out rates and improve access and completion rates for especially disadvantaged groups, as well as the quality and relevance of their education. Support for adult literacy will focus on female education in the target districts and be linked to other educational needs of women and young mothers.

Social planning and capacity-building

40. UNICEF will continue advocacy among policy makers and support the generation of the necessary data for programme planning and monitoring the achievement of the goals for the 1990s. The current situation analysis will be updated for preparation of the next country programme for the period 1994-1998.

Integrated area-based participatory programme

41. This programme emphasizes interventions that address the problems of improving the survival, protection and development of children and women at the grass-roots level. The participatory process is its major theme within the selected rural districts, drawing largely upon the national programmes and projects outlined above. The same strategy is planned for the urban basic services projects that address the problems in the three major cities of Nairobi, Mombasa and Kisumu, where poor child health and nutrition have increased infant mortality (mainly because of measles, diarrhoea, anaemia and malaria). Workable strategies have been identified to extend credit for business enterprises to poor women, generate disaggregated data on the urban poor, strengthen municipal capacities in financial management and administration and ensure the formulation of an urban development policy

favourable to the urban poor. The projects will focus on the protection of children in especially difficult circumstances.

Social mobilization, advocacy and development communication

42. Sensitizing national leaders and policy makers to the growing problem of AIDS and sustaining their commitment to the national programme of action to achieve the goals for the 1990s will feature prominently, as will efforts to disseminate the Convention on the Rights of the Child more widely to all sectors of society. In one district there will be a pilot, intersectoral development communications effort with an emphasis on AIDS awareness and education, EPI and the expansion of the Bamako Initiative through a variety of media approaches and greater focus on women.

IV. MAURITIUS

43. The country programme for Mauritius for 1990-1994 was approved by the Executive Board in 1990 in the amount of $1.5 million from general resources (E/ICEF/1990/P/L.5). The programme provided national support services for working women, mostly on Mauritius, and for the protection of children, as well as activities concerning health and nutrition, social statistics, monitoring, evaluation and integrated regional activities on the island of Rodrigues. The programme as a whole addresses the social problems affecting women and children in the new industrial environment of Mauritius, which has resulted from the mass entry of women, including mothers, into the labour market of the Export Processing Zone. One of its main aims is to reduce the disparity between Mauritius and Rodrigues.

44. By raising its annual planning level from $300,000 to $750,000, for which an additional amount of $1.5 million for 1993 and 1994 is requested, the country programme will become a powerful catalyst to and vital complement of national attempts to achieve the goals for the 1990s by reducing internal disparities, eliminating pockets of poverty and solving problems affecting women, mothers and children in the industrial areas of the Export Processing Zone. In the past two years, the country has practically not benefited from supplementary funding and most activities have been financed from general resources.

45. Because of the country's favourable political conditions and administrative and governmental stability, the activities planned for the first two years of the programme have been implemented smoothly. Government commitment to the ideals of the World Summit for Children is evident in its ratification of the Convention on the Rights of the Child; the signature by the Prime Minister of the World Summit for Children Declaration; the transformation of the Ministry of Labour and Women's Rights into the Ministry of Women's Rights, Family Welfare and Development of the Child; the establishment of a National Council for Children, a non-governmental organization under the supervision of that Ministry; and the allocation of budgetary resources for the campaign to promote the rights of the child and for a new programme for the development of the creativity of the child.

46. At present, every effort is being made to realize the goals for the 1990s through a more rigorous application and streamlining of programme objectives so as to make them more relevant in the areas of health, nutrition, basic education, literacy and the protection of children in especially difficult circumstances.

47. The programme as it was initially envisaged will be continued with all its components and in conformity with its initial objectives, which have been adapted in the light of the decade's goals.

Rodrigues area-based programme

48. Efforts will continue in the areas of health, nutrition, water supply and sanitation, basic education and literacy to increase awareness of the need for community participation in solving problems. The central role of women in the programme will continue to be strengthened and the main organizers will still be the community health staff and village committees, which will be supervised technically by the Rodrigues administration. The problems that had been encountered with community health workers have been resolved and the services they provide have improved markedly since the government decision to grant the workers a wage. The nutrition survey has been completed and activities for parasite removal have been successfully carried out with more than 1,000 pre-school children (15 per cent of the children five years of age and under), while growth monitoring has been strengthened and extended in villages with no social infrastructure. By mid-1991, around 50 per cent of the target activities had been completed in the area of water supply and sanitation, so that 150 water tanks had been constructed, four springs tapped, filters and water purifiers distributed to schools and 200 latrines built. As for basic education, two out of five planned pre-school units have been set up, and another five restored and their staff trained. The number of female literacy centres has risen from 11 to 16, with an average attendance of 20 trainees per centre. UNICEF will continue these activities, placing special emphasis on the education sector, now that the Government has drawn up a national education programme and a framework plan of action for education until the year 2000, in conformity with the recommendations of the World Conference on Education for All. Specifically, UNICEF will supply materials, equipment and resources for training, supervision and monitoring.

Support services for working women and child welfare

49. The programme has benefited from the convergence of government efforts, through the Ministry of Women's Rights, Family Welfare and the Development of the Child, and those of NGOs, notably women's associations. Those services are increasingly needed in a society which, because of rapid change, is facing the disintegration of the family and extremely serious problems of battered and exploited women and children. The services provided affect health, nutrition, education and literacy. A specialized health centre for women has been set up near the Export Processing Zone, providing the services of a doctor, obstetrician, gynaecologist and nutritionist. Because of complex administrative problems and high recurring costs, a project for mobile

canteens, originally designed to solve the food and nutritional problems of women in the Zone, has been abandoned in favour of a project to establish stores selling pre-packaged food products that constitute rich and balanced meals. All three planned child-care centres have been set up and 25 staff trained for them. Training activities for women were launched, providing training for trainers. Eleven literacy centres have been established, although this sector will not be able to develop fully until the plan of action for education has begun to be implemented. UNICEF will support all these activities by providing materials and equipment, training staff, promoting the spread of ideas and information through workshops, forums and study trips and improving awareness of the situation of mothers and children.

Health

50. In addition to the success of EPI, which achieved UCI by the end of 1990, significant progress was made in other areas, including the promotion of PHC through community participation, the launching of a health centre for women to meet the needs of almost 6,000 women workers, the training of community health staff and pre-school teachers in growth monitoring, the early detection of child disabilities and health education. However, many problems still exist at administrative, organizational and technical levels, to which the Government has responded with a certain number of measures. Several will require UNICEF support, including retraining medical personnel, strengthening community health centres, improving the system of logistics and supervision and extending health education to area and community health centres.

Nutrition

51. A system of nutrition monitoring has been established and the promotion of breast-feeding extended into the industrial areas and the Export Processing Zone in conjunction with the "Mauritian Action for the Promotion of Breast-feeding and Infant Nutrition". Campaigns have also been organized to support the concept of "baby-friendly" hospitals. UNICEF will assist in the execution of these projects.

Social statistics

52. UNICEF will continue to support the social statistics programme, which is becoming especially important in connection with monitoring implementation of the national programme of action for the survival, protection and development of children in the 1990s.

V. RWANDA

53. The country programme for Rwanda for 1988-1992 was approved by the Executive Board in 1988 in the amount of $6 million from general resources (E/ICEF/1988/P/L.5). In 1990, because of a decline in per capita gross national product, the annual planning level was raised from $1,200,000 to $1,636,000 and, from 1992, to $1,980,000. An additional $1,921,000 is now

being requested to provide enhanced UNICEF support to the Government to enable it to consolidate its interventions for the survival, development and protection of children and women and to expand those for programmes country-wide.

Primary health care

54. Facing increasing financial difficulties, the Government has adopted a health strategy based on decentralization and community participation along the lines of the Bamako Initiative, with EPI as the entry point. Rwanda achieved UCI in 1989, the result of strong political commitment at the centre and high motivation of health staff at the periphery. By 1989, ahead of planning targets, vaccination services and cold-chain infrastructure were available at all health facilities. Since 1988, 67 of the planned 80 health centres have received an initial supply of essential drugs and have set up management committees for revolving drug funds. Community demand and financial response to the Bamako Initiative are now beginning to exceed management's capacity to supply drugs. UNICEF is assisting the Ministry of Health to develop a management information system and gradually to integrate more health centres into the scheme.

55. The CDD project has aimed at ensuring the availability of ORS at all health facilities and in 50 per cent of households, and at providing training and social mobilization so that 90 per cent of diarrhoea cases were correctly managed at home and at health facilities. Since 1988, the programme has assisted in setting up rehydration units in one third of the country's health centres. ORS sachets are now available at all levels of the health system. Two oral rehydration training centres have been established. One sixth of those in charge of health centres have undergone training in oral rehydration therapy. However, programme implementation has been overshadowed by the drive for UCI, which consumed much of the country's scarce human resources.

56. The fight against AIDS has become an increasingly urgent priority since the beginning of the current programme cycle. Since 1988, UNICEF has been supporting national agencies with a focus on prevention education for young people and care for the victims of AIDS and their families. Widespread training in AIDS prevention for schoolteachers and social workers has been supported, as well as the dissemination of education materials and research into the social impact of AIDS. Evaluations of current initiatives and regular supervision of programme activities have been undertaken. Priorities for 1992 are to strengthen current activities in health education and social mobilization among school and non-school populations, to support agencies that are developing approaches for the care and support of families stricken by AIDS, and to participate in research into the impact of and responses to an epidemic whose repercussions are assuming increasingly alarming proportions.

57. The challenge for the period up to 1993 is to ensure that community-level health services and parents maintain and build on the high level of immunization coverage by adopting an integrated approach to health care, nutrition, water supply and sanitation, household food security and basic

education. The programme will continue to follow a strategy based on the Bamako Initiative, with priority on strengthening of monitoring tools and information systems, the streamlining of the distribution system and the training of the heads of health facilities in drug supply management. While immunization is now available at all health centres, the 1992 target of more than 80 per cent calls for major efforts in outreach, social mobilization and health education. A major evaluation of the immunization programme is planned for 1992. This will allow the design of a programme that will lead to the eradication of poliomyelitis and neonatal tetanus by 1995.

Water supply and sanitation

58. UNICEF supports a small-scale water supply and sanitation programme to improve and protect 400 spring catchments per year. The programme has introduced a laundry block which uses water from each spring catchment. Each water point is managed by a community committee. The programme is also promoting improved sanitation and hygiene with a ventilated improved pit latrine. UNICEF has also assisted in providing 50 of a planned total of 80 household water storage facilities, using rainwater catchment tanks linked to corrugated iron roofs. Targets in spring catchments and laundry blocks have been met, although progress in sanitation and household water storage has been less satisfactory, mainly as a result of economic constraints and of the lead time involved in changing people's attitudes towards sanitation. The programme is supported by social mobilization and health education.

Nutrition and women

59. Very few rural people have experience or skills in income generation beyond the small-scale production and sale of some foodstuffs and of cash crops. The current country programme attempted to address this central issue through the provision of credit to women's groups to enhance their economic activities. The programme assisted a national NGO in publishing a training guideline for the development of small enterprises and in training 1,000 women in the management of small enterprises. It has also supported labour-saving technologies for women, mainly in the area of food production and processing. However, much work remains to be done for the introduction of the new nutrition strategy, of which household food security is an element. UNICEF will assist the Government to expand nutrition surveillance, train health workers and mothers in growth monitoring and promotion and reinforce exclusive breast-feeding and sound weaning practices. The links between nutrition and household food security and women's economic activities will thus be strengthened.

Education

60. The education programme is assisting the Government to train primary school inspectors and provide refresher courses for unqualified primary school teachers. It is also assisting in the extension of adult literacy activities to all 143 communes in the country. Literacy activities have been intensified in 50 communes since the beginning of the programming cycle. The Government

has set up a national commission to follow up the World Conference on Education for All. A comprehensive education sector review is planned for early 1992 to plan for Education for All. At the same time the programme will continue strengthening the skills of primary school teachers and their supervisors, and will attempt to accelerate adult literacy activities in an additional 50 communes.

Breakdown of annual funding requirements

(In thousands of United States dollars)

Country	Current programme cycle	Approved general resources funding a/	Additional funding proposed 1992	1993	1994	Total
Burundi	1988-1992	6 000	812	-	-	812
Comoros	1990-1994	1 500	181	750	750	1 681
Kenya	1989-1993	15 000	172	4 379	-	4 551
Mauritius	1990-1994	1 500	-	750	750	1 500
Rwanda	1988-1992	6 000	1 921	-	-	1 921
Total			3 086	5 879	1 500	10 465

a/ The amounts shown here include the actual balances carried over from the previous programme cycle.